

ORS Personal Care Home
INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS
PERSONAL CARE HOME

1. Use only cards coded with (GA920290Z DHR REG SERVICE ATLANTA, GA) and the section REASON FINGERPRINTED should be pre-printed with:

Dept. of Human Resources
Office of Regulatory Services
O.C.G.A. 49-5-64
O.C.G.A. 31-7-254

Please complete two cards for the administrator and on-site manager with the following information.

- a. Your name, address and signature.
- b. Employer (personal care home) and address (personal care home).
- c. Your Social Security Number.
- d. Your sex, race, height, weight, and hair and eye color.

- Race should be entered as “B” for black, “W” for white and “O” for other.

Use the following codes for hair and eye color:

<u>HAIR</u>		<u>EYES</u>	
BRO	BROWN	BRO	BROWN
BLK	BLACK	BLK	BLACK
RED	RED	HAZ	HAZEL
BLN	BLOND	GRN	GREEN
GRY	GRAY	BLU	BLUE
WHI	WHITE	GRY	GRAY
BAL	BALD	PINK	PINK

- e. Your date and place of birth.
- 1. Have your fingerprints taken by a **local law enforcement official**.
 - 2. Be sure both fingerprint cards are dated and signed by the official taking the prints.
 - 3. Submit a \$24.00 **MONEY ORDER ONLY** for each set of fingerprints made payable to the Georgia Bureau of Investigation.

Submit fingerprint cards, criminal records application and payment to:
Personal Care Home Program
2 Peachtree Street, N. W.

Suite 31.447
Atlanta, Georgia 30303-31670